

216020605  
99418

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 043	Agency Case No. B6-044178	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/20/2016		TIME OF ACCIDENT 1505	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1512	05/21/2016		
B	65	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. N Cotner Blvd	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
		Leighton Ave					
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES		N S E W		OF NEAREST CITY OR TOWN	
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1							
F	1	DRIVER LICENSE NO.	H13272501		STATE (Of License)	NE	
V1/N	2	DRIVER	ASHLEY N WALDROP		PHONE	4028030996	
V2/N	2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	11/26/1989	
G	4	OWNER	SUE A WALDROP / Ashlev M Waldrop		PHONE	4028030996	
H	5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB511304	
V1/O	1	LICENSE PLATE	PA NO. 16S327	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V2/O	1	VEHICLE	2000	MAKE Ford	MODEL TSS	BODY STYLE 4 door Sedan	
I	1	VEHICLE ID NO. (VIN)	1FAFP552XYG175913		COLOR gold	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000	
J	01	TOWED TO	TOWED BY		INSURANCE COMPANY	Farmers	
K	02	POLICY NO.	G00 7482792 00				
VEHICLE NO. 2							
F	1	DRIVER LICENSE NO.	G02058768		STATE (Of License)	NE	
V1/P	1	DRIVER	LYNN G KALEMKIARIAN		PHONE	4023189034	
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	11/05/1954	
J	01	OWNER	LYNN G KALEMKIARIAN		PHONE	402830996	
K	02	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
V1/Q	4	LICENSE PLATE	PA NO. TWD563	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V2/Q	4	VEHICLE	2008	MAKE Lexus	MODEL RX5	BODY STYLE Compact Utility	
K	02	VEHICLE ID NO. (VIN)	2T2HK31U08C053181		COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2400	
L	02	TOWED TO	TOWED BY		INSURANCE COMPANY	State Farm	
M	02	POLICY NO.	061 5691-F10-27C				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		

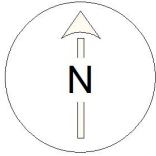
# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-044178

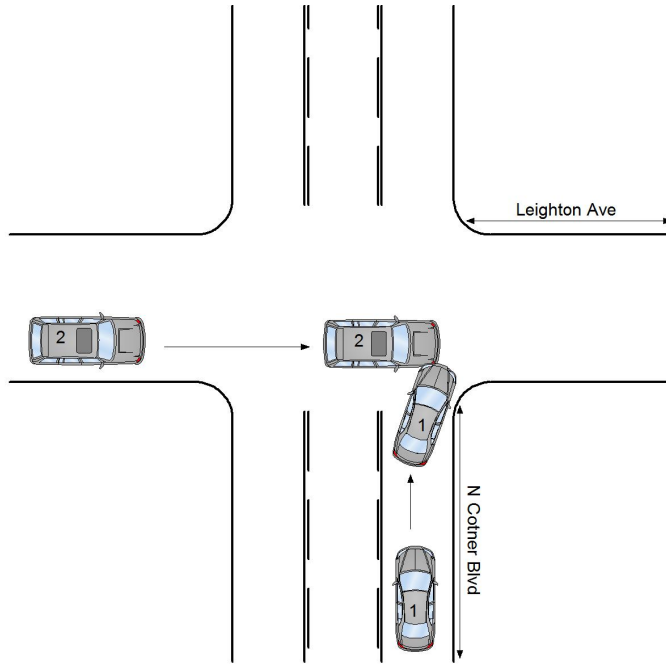


Indicate  
North  
by Arrow



POI (approx)  
3' N of S curb of Leighton  
3'5 W of E curb of N 66th

*Not To Scale*



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 states she was NB on N Cotner approaching Leighton Ave. D1 said she was lost and listening to her GPS and glanced to see if cross traffic on Leighton was clear, and then she attempted a right turn onto Leighton. D1 stated she did not see Veh2, which was EB on Leighton and had the green light. The vehicles collided. D2 stated she was crossing N Cotner, on Leighton, at approx 30mph when Veh1 suddenly entered the intersection from the south and collided with her vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2						VEH 1	VEH 2	
1	X				N Cotner Ave				4		2		1	1	
2			X		Leighton Ave								1	1	
1	05	06 Turning left			POINT OF IMPACT	08	POINT OF IMPACT	03	1 Deployed - front		1 None used - vehicle occupant				
2	01	07 Making U-turn			MOST DAMAGED AREA	08	MOST DAMAGED AREA		2 Deployed - side		2 Lap & shoulder belt used				
				08 Entering traffic lane						3 Deployed - both front/side		3 Shoulder belt only used			
				09 Leaving traffic lane						4 Not deployed		4 Lap belt only used			
				10 Parked						5 Not applicable/ No airbag available		5 Child safety seat used			
				11 Slowing or stopped in traffic						6 Unknown		6 Child booster seat used			
				12 Other								7 DOT approved helmet used			
				13 Unknown								8 Costume helmet used			
												9 Restraint use unknown			

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	N	X	N
ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2
		1	1
1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO. 1294	TROOP/ TEAM/ BEAT 2	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Cameron Cleland		INVESTIGATOR SIGNATURE Approved by Cameron Cleland	DATE OF REPORT 05/21/2016